

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90127 050 ****61.25

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1. Entity Name
WEXFORD PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**465 BALD EAGLE DR
MARCO ISLAND, FL 34145 US**

Mailing Address
**834 BALD EAGLE DR.
MARCO ISLAND, FL 34145 US**

40081873



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
34-1823781

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERROTTI-HARRIS, ARLEEN
465 BALD EAGLE DR.
MARCO ISLAND, FL 34145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PERROTTI-HARRIS, ARLEEN	
STREET ADDRESS	465 BALD EAGLE DR UNIT 10	
CITY - ST - ZIP	MARCO ISLAND, FL 34145	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BEARFONT, JOHN P	
STREET ADDRESS	465 BALD EAGLE DR	
CITY - ST - ZIP	MARCO ISLAND, FL 34145	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARRESE, ANN	
STREET ADDRESS	688 TORREY ST	
CITY - ST - ZIP	BROCKTON, MA 02301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schewieterman, III, Roman	
STREET ADDRESS	4516 Verdant Woods Ct.	
CITY - ST - ZIP	Powder Springs, GA 30127	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burnell, Kristy	
STREET ADDRESS	465 Bald Eagle Dr. # 10	
CITY - ST - ZIP	Marco Island, FL 34145	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marrese, Ann	
STREET ADDRESS	688 Torrey St	
CITY - ST - ZIP	Brockton, MA 02301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Marrese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Marrese

Date

Daytime Phone #

4/11/08 308-243-3984